



PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

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|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/815,813 |
| | Filing Date | April 2, 2004 |
| | First Named Inventor | Koichiro TANAKA et al. |
| | Group Art Unit | 2814 |
| | Examiner Name | A. Chambliss |
| Total Number of Pages in This Submission | Attorney Docket Number | 0756-7283 |

ENCLOSURES (check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6. |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165 |
| Signature | |
| Date | 9-22-05 |

CERTIFICATE OF MAILING

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| Type or printed name | Adele M Stamper | | |
| Signature | Adele M Stamper | Date | 9.22.05 |

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Attorney Docket No. 0756-7283

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of:

Koichiro TANAKA et al.

Serial No. 10/815,813

Filed: April 2, 2004

For: LASER IRRADIATION METHOD,
LASER IRRADIATION APPARATUS
AND METHOD FOR
MANUFACTURING
SEMICONDUCTOR DEVICE

) Group Art Unit: 2814

) Examiner: A. Chambliss

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) Adrian M. Stamps

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Honorable Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please consider the following amendments and remarks in connection with the above-identified application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 11 of this paper.